



## **Lost/Missing Receipt Voucher**

Your Name: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Amount of Purchase: \_\_\_\_\_

Type of Payment (Circle one): Cash/Check or Credit Card

If Credit Card (Circle one): Personal or EBC Credit Card

Briefly describe what was purchased and how this purchase supports the Emmaus mission:

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**I acknowledge that in order to be reimbursed, Emmaus requires a receipt showing the details of the purchase and a clear link to the mission of the college. Because a receipt is unavailable, as an exception to the rule, I am submitting this voucher. I affirm that the purchase described above actually occurred.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Please obtain your supervisor's signature unless the voucher is attached to a report of Business Expense signed by your supervisor.**

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date